

| READINESS AND DEPLOYMENT CHECKLIST | | | | (OMB 0412-0580; Expiration Date: XX/XX/XXX) | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------|---|-----------------------------|------------------------------|-----------------------------|
| 1. DATE (YYYYMMDD) | | 2. NAME (Last, First, Middle) | | | 3. ORGANIZATIONLA ID NUMBER | | |
| 4. SERVICE AFFILIATION | | 5. COMPONENT | | 6. STATUS | | 7. E-MAIL ADDRESS | |
| <input type="checkbox"/> USAID | <input type="checkbox"/> Commerce | <input type="checkbox"/> ACTIVE | | <input type="checkbox"/> PSC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DOS | <input type="checkbox"/> Treasury | <input type="checkbox"/> STAND-BY | | <input type="checkbox"/> DH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DOJ | <input type="checkbox"/> DHS | <input type="checkbox"/> RESERVE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> USDA | | | | | | 9. DEPLOYMENT COUNTRY | |
| 10. JOB TITLE | | | | | | | |
| EACH SECTION | | | | | | | |
| a. Readiness Certification | | b. Personnel | | c. Finance | | d. Training | d. Medical |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Training | | g. Security | | h. Medical | | i. Dental | j. Vision |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SECTION I - DEPLOYMENT VALIDATION | | | | | | | |
| Part B. Team Leader | | | | | | | |
| 1. PRINTED NAME (TEAM LEADER) | | | | 2. GRADE | | 3. ADDRESS | |
| 4. SIGNATURE | | | | 5. TITLE | | | |
| 6. PHONE NUMBER | | 7. E-MAIL ADDRESS | | 8. Date | | <input type="checkbox"/> | <input type="checkbox"/> |

READINESS AND DEPLOYMENT CHECKLIST

| | | | | | | | | | | | | |
|--|--|--|--|--|-------------------------|-------|----|-----------------------|----|-------|----|-----------------|
| NAME (Last, First Middle) | | | | | SSN | | | | | | | |
| | | | | | READINESS CERTIFICATION | | | DEPLOYMENT VALIDATION | | | | |
| SECTION II - PERSONNEL | | | | | GO | NO GO | NA | DATE (YYYYMMDD) | GO | NO GO | NA | DATE (YYYYMMDD) |
| 1. Emergency Data Information/Locator Card | | | | | | | | | | | | |
| 2. Insurance Verification/MEDEVAC Insurance Policy Current (Verification) | | | | | | | | | | | | |
| 3. DoS/USAID Badge | | | | | | | | | | | | |
| 4. Passport requested or in possession, if required (<i>carried by person</i>) | | | | | | | | | | | | |
| 5. Visa requested or in possession, if required (<i>carried by person</i>) | | | | | | | | | | | | |
| 6. Citizenship/Naturalization Verification | | | | | | | | | | | | |
| 7. Travel Authorization Orders | | | | | | | | | | | | |
| 8. Airline Tickets | | | | | | | | | | | | |
| 9. SF 50 (<i>Stand-by personnel only</i>) | | | | | | | | | | | | |
| 10. Passport Photo in database | | | | | | | | | | | | |
| 11. Service Agreement (<i>Stand-by personnel only</i>) | | | | | | | | | | | | |
| 12a. Signature of Certifying Official | | | | | 12b. Grade/Title | | | 12c. Date (YYYYMMDD) | | | | |
| SECTION III - SUPPLY AND LOGISTICS | | | | | | | | | | | | |
| 1. Personal clothing, basic issue or like quantities | | | | | | | | | | | | |
| 2. Organizational clothing and equipment issued | | | | | | | | | | | | |
| 3. Theater specific clothing issued | | | | | | | | | | | | |
| 4. Theater specific equipment issued | | | | | | | | | | | | |
| 5a. Signature of Certifying Official | | | | | 5b. Grade/Title | | | 5c. Date (YYYYMMDD) | | | | |

READINESS AND DEPLOYMENT CHECKLIST

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|--|--|--|--|--|--------------------------------|----------|----|--------------------|------------------------------|---------------------|----|--------------------|--|
| NAME <i>(Last, First Middle)</i> | | | | | SSN | | | | | | | | |
| SECTION IV - TRAINING | | | | | READINESS CERTIFICATION | | | | DEPLOYMENT VALIDATION | | | | |
| | | | | | GO | NO GO | NA | DATE (YYYYMMDD) | GO | NO GO | NA | DATE (YYYYMMDD) | |
| 1. Force Protection Training administered | | | | | | | | | | | | | |
| 2. OPSEC/SAEDA Briefing | | | | | | | | | | | | | |
| 3. Deployment Briefing to Family Members | | | | | | | | | | | | | |
| 4. Safety and Local laws for deployment area briefing | | | | | | | | | | | | | |
| 5. Media Awareness Training | | | | | | | | | | | | | |
| 6. Sector specific training requirements completed | | | | | | | | | | | | | |
| 7. Military Common Task Training | | | | | | | | | | | | | |
| 8a. SIGNATURE OF CERTIFYING OFFICIAL | | | | | 8b. Grade/Title | | | | | 8c. DATE (YYYYMMDD) | | | |
| SECTION V- SECURITY | | | | | | | | | | | | | |
| 1. Security clearance meets requirement for duty position | | | | | | | | | | | | | |
| 2. Security clearance meets requirement for deployment mission | | | | | | | | | | | | | |
| 3. Security Clearance Provided to Gaining EMB. | | | | | | | | | | | | | |
| 4a. SIGNATURE OF CERTIFYING OFFICIAL | | | | | 4b. Grade/Title | | | | | 4c. DATE (YYYYMMDD) | | | |
| SECTION VI- MEDICAL | | | | | | | | | | | | | |
| 1. Shot/Innoculations Current | | | | | | | | | | | | | |
| 2. Immunizations current | | | | | | | | | | | | | |
| 3. Current physical exam on hand (Class I) | | | | | | | | | | | | | |
| 4. Country specific immunizations required for deployment area. | | | | | | | | | | | | | |
| 5. Prescriptions, <i>sufficient supply; minimum 90 day if Overseas</i> | | | | | | | | | | | | | |
| 6. Medical Tags/Bracelets | | | | | | | | | | | | | |
| 7a. SIGNATURE OF CERTIFYING OFFICIAL | | | | | 7b. Grade/Title | | | | | 7c. DATE (YYYYMMDD) | | | |

Civilian Response Corps (CRC) Inprocessing Checklist

Privacy Act Statement

Adminstrative Information

| | | | | | | | | | | | |
|---|--|----------|------------------------|--------------|--------------------------|--------------------------|---------------------|----------------------|------------|-----------------------------|--|
| Name (Last, First M.I.) | | | Organization ID Number | | | Grade | | Hiring Mechanism | | | |
| Date of Birth | | Age | Height | | Weight | Hair Color | | Eye Color | | | |
| Blood Type | | Religion | | Home Address | | | Phone Number (Work) | | Duty Title | | |
| Phone Number (Home) | | | Phone Numner (Cell) | | | Primary E-Mail Address | | | | | |
| Section/Organization Address | | | | | | Alternate E-Mail Address | | | | | |
| Emergency Information | | | | | | | | | | | |
| Name | | | | | Phone Number | | | | | | |
| Address | | | | | A/ Phone Number | | | | | | |
| E-Mail Address | | | | | Alternate E-Mail Address | | | | | | |
| Security Information | | | | | | | | | | | |
| Security Clearence | | | | | | Date Initiated | | Expiration Date | | | |
| Languages (Reading/Writing/Verbal) | | | | | | Equipment Sizes | | | | | |
| a. | | c. | | | | Hat Size | | Boot Size | | Coat Size | |
| b. | | d. | | | | Trouser Size | | Glove Size | | NBC Suit Size | |
| | | | | | | NBC Glove Size | | NBC Boot Size | | Protective Mask Size | |

| Sector Expertise | | Foreign Country Experience | | |
|------------------|------------|----------------------------|-----------------|-------------|
| Sector | Experience | Country | Duration (Mos.) | Description |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Training

| Orientation Training | Date | Annual Training | | | | | | Skill Level (i.e. 1/1/1) |
|----------------------|------|-------------------------|------|-------------------------|------|-------------------|------|--------------------------|
| | | Military Training | Date | Civilian Training | Date | Language Training | Date | |
| USAID 101 | | Weapons Familiarization | | R & S Training | | Arabic | | |
| Military 101 | | Convoy Live Fire | | DG Training | | | | |
| CMM 102 | | NBC Training | | Conflict Management Tng | | | | |
| State 101 | | First Aid | | HAZMAT Training | | | | |
| Equal Opportuniy | | Communication | | EPA Training | | | | |
| IT Training | | Land Navigation | | Cultural Awareness | | Sapnish | | |
| | | Drivers Training | | Rule of Law | | Japanese | | |
| | | WST Training | | | | Chinese | | |
| | | H.E.A.T. Training | | | | | | |
| | | EST 2000 | | | | | | |
| | | MOUT Training | | | | | | |
| | | Counter IED Training | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Medical

| Physical | | | | Required Medical Items | | Allergies |
|--------------|------|---------------------------------|--|-----------------------------------|--------|-----------|
| Type | Date | Shots/Immunization/Vaccinations | | Type | Yes/No | |
| | | | | Spectacles (2 Pair) | | 1 |
| | | | | Preotective Mask Inserts (2 Pair) | | 2 |
| | | | | Ear Plugs (Fitted) | | |
| Yellow Fever | | Hepatitis B | | Hear Aids | | 3 |

| | | | | | | | | | |
|-------------|--|----------|--|--|----------------------|--|--|--|--|
| Influenza | | Anthrax | | | Medical Warning Tags | | | | |
| Hepatitis A | | Smallpox | | | | | | | |

